# U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

# **ELEVATION CERTIFICATE**

National Flood Insurance Program

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008 Expiration Date: July 31, 2015

CHEVIDA COMMISSIONE STATE OF THE COMMISSION OF T								
		SECTI	ON A - PROPE	RTY INFORM	ATION	FOR IN	SURANCE COMPANY US	SE.
A1. Building Owner's Name	LLOYD	# 2016-163	3			Policy N	umber:	
A2. Building Street Address 904 WOOD ST.	(including Apt	., Unit, Suite, and/or Bl	dg. No.) or P.O. F	Route and Box N	0.	Compan	y NAIC Number:	
City WAVELAND	***************************************		State MS	ZIP Code 3	9576	Lancino		NAME OF TAXABLE PARTY.
A3. Property Description (L TAX PARCEL #: 162K-0-10-		umbers, Tax Parcel Nu	mber, Legal Desc	cription, etc.)				
A4. Building Use (e.g., Resi A5. Latitude/Longitude: Lat. A6. Attach at least 2 photog A7. Building Diagram Numb A8. For a building with a cre a) Square footage of ci b) Number of permane or enclosure(s) withi c) Total net area of flood d) Engineered flood op	30-16-43.2 L raphs of the buer 5 wispace or end awispace or end awispace or end flood opening 1.0 foot aboved openings?	ong. <u>-89-23-27.2</u> Horiz illding if the Certificate closure(s): nclosure(s) Ngs in the crawlspace e adjacent grade NA8.b No	ontal Datum:  is being used to o  /A sq ft  /A sq in	NAD 1927  Abtain flood insur  A9. For a b  a) Sq b) Nu  witt c) Tot d) En	rance.  uilding with an attuare footage of at mber of permaner nin 1.0 foot above al net area of floogineered flood opgineered flood opgineere	tached gara nt flood ope adjacent g d openings enings?	age <u>N/A</u> sq ft nings in the attached gara rade <u>N/A</u>	
	SEC	TION B – FLOOD IN	SURANCE RA	TE MAP (FIRI	W) INFORMATIO	NC		NAME AND DESCRIPTION OF THE PERSON OF THE PE
B1. NFIP Community Name WAVELAND 285262	& Community N		2. County Name ANCOCK			B3. State MS	?	
B4. Map/Panel Number 28045C0344D	B5. Suffix D	B6. FIRM Index Date 10/16/09	Effective/F	RM Panel Revised Date 16/09	B8. Flood Zone(s) AE		ase Flood Elevation(s) (Zo O, use base flood depth) 18	one
FIS Profile  311. Indicate elevation datum  312. Is the building located in Designation Date:	used for BFE		1929	Other/Source: _ NAVD 1988 Otherwise Protect OPA	Other/Source	1	□ Yes 🛛 No	
	SECTIO	N C - BUILDING EL	EVATION INFO	ORMATION (S	URVEY REQUI	RED)		
21. Building elevations are ba *A new Elevation Certifica 22. Elevations – Zones A1–A3 below according to the bu Benchmark Utilized: BH0s Indicate elevation datum u Datum used for building el	te will be requir 30, AE, AH, A ( Ilding diagram : 63 sed for the ele	with BFE), VE, V1–V30 specified in Item A7. In vations in items a) thro	of the building is of the buildi	R, AR/A, AR/AE, enter meters.  NAVD 1988	E, AR/A1–A30, AR	/AH, AR/Ad		1
a) Top of bottom floor (incl	uding basemer	nt, crawlspace, or enclo	osure floor)	19.0	Office	⊠ feet	meters	
b) Top of the next higher fl		,		N/A		⊠ feet		
c) Bottom of the lowest ho		ral member (V Zones o	only)	N/A.			☐ meters	
<ul><li>d) Attached garage (top of</li><li>e) Lowest elevation of mad</li></ul>	370030-00030-60		Libera	N/A		⊠ feet	meters	
(Describe type of equipr			laing	<u>N/A</u> .			☐ meters	
f) Lowest adjacent (finished		0 (		<u>15.0</u>			meters	
<ul><li>g) Highest adjacent (finishe</li><li>h) Lowest adjacent grade a</li></ul>			cluding structural	$\frac{15.1}{\text{Support N/A}}$		feet     ∫     feet     ∫	☐ meters ☐ meters	
	THE STATE OF THE S	N D - SURVEYOR,	MATERIAL MATERIAL MATERIAL PROPERTY OF THE PARTY OF THE P		CEDTIEICATI			AND DESCRIPTION OF THE PERSON
This certification is to be signed information. I certify that the information and that any false stated that the comments are comments.	d and sealed b formation on th tement may be are provided or	y a land surveyor, eng his Certificate represen e punishable by fine or h back of form.	ineer, or architect ts my best efforts imprisonment und ere latitude and lo	authorized by la to interpret the der 18 U.S. Code ongitude in Secti	aw to certify eleva data available. e, Section 1001. on A provided by	tion	ON P. CHINICS SED PROPERCY	
Check here if attachments		lice	ensed land surve	/or? ⊠ Ye	s No	3 6	ENGINEER O	
Certifier's Name JASON P. C	HINICHE			ense Number P	.E. 19732	100	Harris F	Manual
Title PROJECT MANAGER		Company Name JAN	MES J. CHINICHE	E, PA, INC.		\$ 00	19732	
Address 412 HWY. 90, SUIT	E 2	City BAY ST. LOUIS	Stat	e MS ZIP C	ode 39520	T.	ALL SELEN	F
Signature Jun Chi	Co	Date 05/20/16	Tele	ephone (228) 4	67-6755		OF MISSIS	

ELEVATION CERTIFICATE	es, copy the corresponding informatio	n from Section 4	T	FOR INSURANCE COM	IDANY LICE
A NAME OF THE OWNER OWN	Apt., Unit, Suite, and/or Bldg. No.) or P.O. Ro		`	Policy Number:	PANY USE
City WAVELAND	State A	MS ZIP Code 3	9576	Company NAIC Number	
SECT	ION D – SURVEYOR, ENGINEER, OR A	ARCHITECT CER	TIFICATION (C	ONTINUED)	
	Certificate for (1) community official, (2) insura	THE RESIDENCE OF THE PARTY OF T	CONTROL OF THE PARTY OF THE PAR	CONTRACTOR OF THE PARTY OF THE	
Comments NOTE: The description section B4. Recommend verification	on in A3. above is for information only & not to on of (BFE) by local building official. The flood ontractor and/or Building Official as needed. \	certify the building	location. The Base	Flood Elevaton (BFE) is	nle for
Signature June hi	l <sub>e</sub>	Date 05/20/16			·
SECTION E - BUILDING E	ELEVATION INFORMATION (SURVEY)	NOT REQUIRED	FOR ZONE AO	AND ZONE A (WITH	OUT BFE)
<ul> <li>and C. For Items E1–E4, use natu</li> <li>E1. Provide elevation information grade (HAG) and the lowest <ul> <li>a) Top of bottom floor (include)</li> <li>b) Top of bottom floor (include)</li> </ul> </li> <li>E2. For Building Diagrams 6–9 we (elevation C2.b in the diagrams)</li> <li>E3. Attached garage (top of slab)</li> <li>E4. Top of platform of machinery</li> <li>E5. Zone AO only: If no flood de</li> </ul>	ling basement, crawlspace, or enclosure) is _ ling basement, crawlspace, or enclosure) is _ vith permanent flood openings provided in Sec ms) of the building is ⊠ feet	nt used. In Puerto R coxes to show wheth  cition A Items 8 and/ meters about above or belo above or belo feetom floor elevated in	ico only, enter met ner the elevation is feet  meters [feet meters feet meters feet meters feet meters feet below the Jacobe or meters feet meters at accordance with the meters meters feet feet meters feet meters feet feet feet meters feet feet feet feet feet feet feet fee	ters.  above or below the higher  above or below the light be	est adjacent HAG. LAG. It higher floor
	ON F - PROPERTY OWNER (OR OWN	MINE AND RESIDENCE OF THE PARTY	AND DESCRIPTION OF THE PARTY OF	TFICATION	
The property owner or owner's author Zone AO must sign here. The startoperty Owner's or Owner's Author	norized representative who completes Section atements in Sections A, B, and E are correct to prized Representative's Name	ns A, B, and E for Zo to the best of my kno	one A (without a FE owledge.	EMA-issued or community	-issued BFE)
Address	Ci	tv	State	ZIP Code	
Signature	Da	ate	Telepho	one	
Comments			And the second s		
				☐ Check here	if attachmen
	SECTION G - COMMUNITY IN				
e local official who is authorized by the his Elevation Certificate. Complete	aw or ordinance to administer the community's the applicable item(s) and sign below. Check the	s floodplain manager he measurement use	ment ordinance can ed in Items G8–G10	n complete Sections A, B, 0 0. In Puerto Rico only, ente	C (or E), and (
The information in Section	C was taken from other documentation that he for the source fy elevation information. (Indicate the source	as been signed and	sealed by a licens	ed surveyor engineer or	
A community official complete.  The following information (I	eted Section E for a building located in Zone	A (without a FEMA-i	ssued or communi	ty-issued BFE) or Zone A	Ο.
4. Permit Number	tems G4–G10) is provided for community floo				
4. Fermit Number	G5. Date Permit Issued	G6. Date	Certificate Of Com	pliance/Occupancy Issue	d
This permit has been issued for:		tial Improvement			
	(including basement) of the building:		☐ meters	Datum	
BFE or (in Zone AO) depth of flo	The first of the second second second second and the second second second second		☐ meters	Datum	
). Community's design flood eleva	tion:	feet	☐ meters	Datum	
cal Official's Name		Title			***************************************
ommunity Name		Telephone			
gnature		Date			
griature		Date			

#### **ELEVATION CERTIFICATE**, page 3

# Building Photographs See Instructions for Item A6.

IMPORTANT: In these spaces, copy the correspondent	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or 904 WOOD ST.	Policy Number:		
City WAVELAND	State MS	ZIP Code 39576	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



**TBM View** 

Rear View

# U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

# ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official. (2) insurance agent/company, and (3) building owner.

A1. Building Own		IOITA TITOL MITTI	INFORMATION		FOR INSURANCE COMPAN
A1. Building Owner's Name WINSEL LOYD					Policy Number:
Box No.	<ul><li>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</li><li>904 WOOD STREET</li></ul>				
City WAVELAND			State Mississippi		ZIP Code 39576
A3. Property Des PARCEL NO. 162			x Parcel Number, Legal D	escription, etc.)	
A4. Building Use	(e.g., Resident	ial, Non-Residential,	Addition, Accessory, etc.)	RESIDENTIAL	
A5. Latitude/Long	itude: Lat. 30	16'42.6"	Long089 23'26.6"	Horizontal Datum	n: NAD 1927 X NAD 19
A6. Attach at leas	t 2 photograph	s of the building if the	Certificate is being used	to obtain flood insura	ance.
A7. Building Diag	ram Number	5			
A8. For a building	with a crawlsp	ace or enclosure(s):			
a) Square for	otage of crawls	pace or enclosure(s)	0 sq ft		
b) Number of	permanent flo	od openings in the cr	awlspace or enclosure(s) v	within 1.0 foot above	adjacent grade 0
		enings in A8.b			Security and the security of t
		gs? Yes X			
A9. For a building					
a) Square for	otage of attach	ad apraga			
		eu garage	sq π		
b) Number of			sq π tached garage within 1.0 fo	oot above adjacent g	grade0
	permanent flo		tached garage within 1.0 fo	oot above adjacent ç	grade 0
c) Total net a	permanent flo	od openings in the at	tached garage within 1.0 fo	oot above adjacent ç	grade 0
c) Total net a	f permanent flo rea of flood op d flood opening	od openings in the at enings in A9.b gs?	tached garage within 1.0 fo		
c) Total net a	rea of flood opening d flood opening SEC nity Name & Co	od openings in the at enings in A9.b gs?	tached garage within 1.0 fo	(FIRM) INFORMA	
c) Total net a d) Engineere	rea of flood opening d flood opening SEC nity Name & Co	od openings in the at enings in A9.b gs? Yes X	sq in  sq in  No  NSURANCE RATE MAF  B2. County Nam HANCOCK  B7. FIRM Panel Effective/	(FIRM) INFORMA	TION  B3. State  Mississippi
c) Total net a d) Engineere B1. NFIP Commun CITY OF WAVELA	rea of flood opening d flood opening SEC nity Name & CO AND, 285262	od openings in the at enings in A9.b gs? Yes X N CTION B – FLOOD I ommunity Number B6. FIRM Index	sq in  sq in  No  NSURANCE RATE MAF  B2. County Nam  HANCOCK  B7. FIRM Panel	P (FIRM) INFORMA	B3. State Mississippi  B9. Base Flood Elevation (Zone AO, use Base
c) Total net a d) Engineere  B1. NFIP Communicity OF WAVELA  34. Map/Panel Number  28045C0344  B10. Indicate the	see of flood opening  SEC  Name & Co  AND, 285262  B5. Suffix  D  source of the E  le     FIRM	od openings in the attenings in A9.b  gs? Yes X N  CTION B – FLOOD I  Dommunity Number  B6. FIRM Index Date  10/16/2009  Base Flood Elevation  Community Determinity Determining in A9.b	sq in  sq in  No  NSURANCE RATE MAF  B2. County Nam HANCOCK  B7. FIRM Panel Effective/ Revised Date 10/16/2009  (BFE) data or base flood of mined   Other/Source:	B8. Flood Zone(s) AE	B3. State Mississippi  B9. Base Flood Elevation (Zone AO, use Base Flood Depth)  18
c) Total net a d) Engineere  B1. NFIP Communicity OF WAVELA  34. Map/Panel Number  28045C0344  B10. Indicate the	see of flood opening  SEC  Name & Co  AND, 285262  B5. Suffix  D  source of the E  le     FIRM	od openings in the attenings in A9.b  gs? Yes X N  CTION B – FLOOD I  Dommunity Number  B6. FIRM Index Date  10/16/2009  Base Flood Elevation  Community Determinity Determining in A9.b	sq in  sq in  No  NSURANCE RATE MAF  B2. County Nam HANCOCK  B7. FIRM Panel Effective/ Revised Date 10/16/2009  (BFE) data or base flood of	B8. Flood Zone(s) AE	B3. State Mississippi  B9. Base Flood Elevation (Zone AO, use Base Flood Depth)  18
c) Total net a d) Engineere  B1. NFIP Communicity OF WAVEL/  B4. Map/Panel Number  28045C0344  B10. Indicate the  FIS Profit	rea of flood opening  SEC  nity Name & Co  AND, 285262  B5. Suffix  D  source of the E  le X FIRM  /ation datum using located in a	od openings in the attenings in A9.b  gs? Yes X N  CTION B – FLOOD I  Dommunity Number  B6. FIRM Index Date  10/16/2009  Base Flood Elevation Community Determined for BFE in Item B  Coastal Barrier Reso	B2. County Nam HANCOCK  B7. FIRM Panel Effective/ Revised Date 10/16/2009  (BFE) data or base flood of mined  Other/Source:	B8. Flood Zone(s)  AE  depth entered in Item	B3. State Mississippi  B9. Base Flood Elevation (Zone AO, use Base Flood Depth)  18

MPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY US						
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  Policy Number:  904 WOOD STREET						
	itate //ississippi	ZIP Code 39576	Company NAIC Number			
SECTION C - BUILDING I	ELEVATION INFOR	MATION (SURVEY R	EQUIRED)			
C1. Building elevations are based on: Construct *A new Elevation Certificate will be required wher  C2. Elevations – Zones A1–A30, AE, AH, A (with BFE Complete Items C2.a–h below according to the b Benchmark Utilized: GPS RTK NETWORK  Indicate elevation datum used for the elevations in	construction of the b E), VE, V1–V30, V (wi uilding diagram speci Vertical Da	th BFE), AR, AR/A, AR fied in Item A7. In Puer tum: NAVD88, GEOID				
☐ NGVD 1929 区 NAVD 1988 ☐ Othe	er/Source:					
Datum used for building elevations must be the sa	ame as that used for t	he BFE.	Check the measurement used.			
a) Top of bottom floor (including basement, craw	Ispace, or enclosure	loor)26, 3	X feet meters			
b) Top of the next higher floor		N/A	x feet meters			
c) Bottom of the lowest horizontal structural mem	ber (V Zones only)	N/A	x feet meters			
d) Attached garage (top of slab)		N/A	x feet meters			
Example 2	ervicing the building omments)	N/A	x feet meters			
f) Lowest adjacent (finished) grade next to build	ng (LAG)	15.0	x feet meters			
g) Highest adjacent (finished) grade next to build	ing (HAG)	15, 1	x feet meters			
<ul> <li>h) Lowest adjacent grade at lowest elevation of o structural support</li> </ul>	deck or stairs, includir	ng <u>N/A</u>	x feet meters			
SECTION D - SURVEYO	R, ENGINEER, OR	ARCHITECT CERTIF	CATION			
This certification is to be signed and sealed by a land I certify that the information on this Certificate representatement may be punishable by fine or imprisonment	nts my best efforts to	interpret the data avail	y law to certify elevation information. able. I understand that any false			
Were latitude and longitude in Section A provided by a	a licensed land survey	ror? ⊠Yes □No	Check here if attachments.			
Certifier's Name CLIFFORD A. CROSBY, P.L.S.	License Number MS 2539		DA			
Title OWNER			LIND STATE			
Company Name CROSBY SURVEYING			Place vo			
Address 716 LIVE OAK DRIVE			0092538 J			
City BILOXI	State Mississippi	ZIP Code 39532				
Signature	Date 08/25/2016	Telephone (228) 234-1649				
Copy all pages of this Elevation Certificate and all attach	ments for (1) commun	ity official, (2) insurance	agent/company, and (3) building owner.			
Comments (including type of equipment and location, NO MACHINERY AT THIS TIME.	per C2(e), if applicabl	e)				

IMPORTANT: In these spaces, copy the corresponding	n A.	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or 904 WOOD STREET	Bldg. No.) or P.O. Route	and Box No.	Policy Number:			
City Sta WAVELAND Mis	te ZIP Coo sissippi 39576	de	Company NAIC Number			
SECTION E – BUILDING ELEV FOR ZONE A	ATION INFORMATION ( O AND ZONE A (WITHO	SURVEY NOT OUT BFE)	T REQUIRED)			
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.						
E1. Provide elevation information for the following and ch the highest adjacent grade (HAG) and the lowest adja	eck the appropriate boxes acent grade (LAG).	to show wheth	er the elevation is above or below			
a) Top of bottom floor (including basement, crawlspace, or enclosure) is	Г	] feet	ers above or below the HAG.			
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet mete	ers above or below the LAG.			
E2. For Building Diagrams 6-9 with permanent flood oper	nings provided in Section A	Items 8 and/o	or 9 (see pages 1-2 of Instructions),			
the next higher floor (elevation C2.b in the diagrams) of the building is	[	feet mete	ers above or below the HAG.			
E3. Attached garage (top of slab) is	[	feet mete	ers above or below the HAG.			
E4. Top of platform of machinery and/or equipment servicing the building is		feet mete	ers above or below the HAG.			
E5. Zone AO only: If no flood depth number is available, i floodplain management ordinance?   Yes   N	s the top of the bottom floo Unknown. The lo	or elevated in a cal official must	ccordance with the community's t certify this information in Section G.			
SECTION F - PROPERTY OWNE	R (OR OWNER'S REPRE	SENTATIVE) C	ERTIFICATION			
The property owner or owner's authorized representative	who completes Sections A	B, and E for Z	Cone A (without a FEMA-issued or			
community-issued BFE) or Zone AO must sign here. The		s, and E are co	offect to the best of my knowledge.			
Property Owner or Owner's Authorized Representative's N	lame					
Address	City	S	State ZIP Code			
Signature	Date	T	elephone			
Comments						
			Check here if attachments.			

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY U						
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  Policy Number:  904 WOOD STREET						
City WAVELAND	State ZIP Code Mississippi 39576	Company NAIC Number				
SECTIO	ON G - COMMUNITY INFORMATION (O	PTIONAL)				
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.						
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)						
G2. A community official completed Section or Zone AO.	ion E for a building located in Zone A (with	nout a FEMA-issued or community-issued BFE)				
G3. The following information (Items G4–	-G10) is provided for community floodplain	management purposes.				
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for:	New Construction Substantial Impro	vement				
G8. Elevation of as-built lowest floor (including of the building:	g basement)	feet meters Datum				
G9. BFE or (in Zone AO) depth of flooding at	the building site:	feet meters Datum				
G10. Community's design flood elevation:		feet meters Datum				
Local Official's Name	Title					
Community Name	Telephone					
Signature	Date					
Comments (including type of equipment and loc	cation, per C2(e), if applicable)					
Commonto (moderning type of equipment and for						
		Check here if attachments.				

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

Shot gate and a a a a a a a a a a a a a a a a a a		Manager Street Control of the Street	
IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 904 WOOD STREET	Policy Number:		
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One Caption FRONT VIEW AUGUST 24,2016

Photo Two

Photo Two

#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

# **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION					FOR INSU	RANCE COMPANY USE	
A1. Building Owner's Name WINSEL LOYD							
A2. Building Street Address (ir Box No. 904 WOOD STREET	140000000000000000000000000000000000000						
City WAVELAND							
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL NO. 162K-0-10-201.000							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Latitude/Longitude: Lat. 3	0 16'42.6" [	_ong	089 23'26.6"	Horizontal Datum	: NAD	1927 🔀 NAD 1983	
A6. Attach at least 2 photograp	hs of the building if the	Certific	cate is being used to	o obtain flood insura	ince.		
A7. Building Diagram Number	5						
A8. For a building with a crawls	space or enclosure(s):						
a) Square footage of craw	space or enclosure(s)		0 sq ft				
b) Number of permanent fl	ood openings in the cra	wispac	e or enclosure(s) w	rithin 1.0 foot above	adjacent gra	ade 0	
c) Total net area of flood o	penings in A8.b 0	8	sq in				
d) Engineered flood opening	ngs? Yes No	)					
A9. For a building with an attac	ned garage:						
a) Square footage of attack	ned garage 0		sq ft				
b) Number of permanent fl-	ood openings in the atta	iched g	garage within 1.0 fo	ot above adjacent g	rade	0	
c) Total net area of flood o	penings in A9.b (	)	sa in		***************************************	The second secon	
d) Engineered flood openir	-	-					
a, Engineered need openii	go: [] 100 [] 110						
SE	CTION B - FLOOD IN	SURA	NCE RATE MAP	(FIRM) INFORMA	TION		
B1. NFIP Community Name & C	ommunity Number		B2. County Name			B3. State	
CITY OF WAVELAND, 285262			HANCOCK			Mississippi	
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	E	IRM Panel fective/	B8. Flood Zone(s)	(Zor	e Flood Elevation(s) ne AO, use Base	
28045C0344 D	10/16/2009	10/16	evised Date /2009	AE	18	od Depth)	
B10. Indicate the source of the	Base Flood Elevation (E	BFE) da	ata or base flood de	pth entered in Item	B9:		
☐ FIS Profile ☒ FIRM	Community Determi	ned [	Other/Source:	**************************************			
B11. Indicate elevation datum u	sed for BFE in Item B9:	□ N	GVD 1929 🔀 NA	VD 1988	er/Source: _		
B12. Is the building located in a	Coastal Barrier Resour	ces Sy	stem (CBRS) area	or Otherwise Protec	cted Area (C	PA)? Tyes X No	
Designation Date:	c	BRS	☐ OPA				

IMPORTANT: In these spaces, copy the corresponding information from S	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. R 904 WOOD STREET	Policy Number:	
10/02/55 00/50	P Code 9576	Company NAIC Number
SECTION C - BUILDING ELEVATION INFORMA	ATION (SURVEY RI	EQUIRED)
C1. Building elevations are based on: Construction Drawings* But *A new Elevation Certificate will be required when construction of the building C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with Complete Items C2.a—h below according to the building diagram specified Benchmark Utilized: GPS RTK NETWORK Vertical Datum Indicate elevation datum used for the elevations in items a) through h) bel NGVD 1929 NAVD 1988 Other/Source: Datum used for building elevations must be the same as that used for the a) Top of bottom floor (including basement, crawlspace, or enclosure floor b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (HAG) h) Lowest adjacent grade at lowest elevation of deck or stairs including	uilding Under Construding is complete. BFE), AR, AR/A, AR/ d in Item A7. In Puertin: NAVD88, GEOID 2 low. BFE.	Check the measurement used.    Kanger   Kanger
structural support		X feet meters
SECTION D – SURVEYOR, ENGINEER, OR AR	CHITECT CERTIFIC	CATION
This certification is to be signed and sealed by a land surveyor, engineer, or are I certify that the information on this Certificate represents my best efforts to intestatement may be punishable by fine or imprisonment under 18 U.S. Code, See Were latitude and longitude in Section A provided by a licensed land surveyor?	erpret the data availat ction 1001.	law to certify elevation information.  ble. I understand that any false  Check here if attachments.
Certifier's Name License Number CLIFFORD A. CROSBY, P.L.S. MS 2539		C. C
Title OWNER  Company Name CROSBY SURVEYING  Address 716 LIVE OAK DRIVE  City BILOXI  State Mississippi	ZIP Code 39532	Place Seal/ Prejess
Signature Date 12/12/2016	Telephone (228) 234-1649	
Copy all pages of this Elevation Certificate and all attachments for (1) community of Comments (including type of equipment and location, per C2(e), if applicable) LOWEST MACHINERY IS THE BOTTOM OF THE ELECTRIC BREAKER BOX.		gent/company, and (3) building owner.

IMPORTANT: In these spaces, copy the corresponding	g information from	Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/o 904 WOOD STREET	r Bldg. No.) or P.O. F	Route and Box No.	Policy Number:
City Sta		IP Code	Company NAIC Number
		9576	
SECTION E – BUILDING ELEV FOR ZONE A	ATION INFORMAT O AND ZONE A (V	FION (SURVEY NOT VITHOUT BFE)	REQUIRED)
For Zones AO and A (without BFE), complete Items E1–E complete Sections A, B,and C. For Items E1–E4, use national enter meters.			
E1. Provide elevation information for the following and che the highest adjacent grade (HAG) and the lowest grade (HAG)	eck the appropriate I acent grade (LAG).	ooxes to show whethe	r the elevation is above or below
a) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet meter	s above or below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet _ meter	s above or below the LAG.
E2. For Building Diagrams 6–9 with permanent flood oper the next higher floor (elevation C2.b in	nings provided in Sec		
the diagrams) of the building is  E3. Attached garage (top of slab) is		feet _ meter	
E4. Top of platform of machinery and/or equipment		_	s above or below the HAG.
servicing the building is		feet  meter	
E5. Zone AO only: If no flood depth number is available, i floodplain management ordinance?   Yes N			cordance with the community's certify this information in Section G.
SECTION F - PROPERTY OWNER	R (OR OWNER'S RE	PRESENTATIVE) CE	RTIFICATION
The property owner or owner's authorized representative v community-issued BFE) or Zone AO must sign here. The	who completes Section	ons A, B, and E for Zons A, B, and E are corr	ne A (without a FEMA-issued or ect to the best of my knowledge.
Property Owner or Owner's Authorized Representative's N	lame		
Address	City	Sta	ate ZIP Code
Signature	Date	Tel	ephone
Comments			
	8		
			4
			Check here if attachments.

IMPORTANT: In these spaces, copy the corr	esponding information	from Section A.	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  Policy Number:						
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number			
SECTION	ON G - COMMUNITY INF	FORMATION (OPTIONAL)				
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.						
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)						
G2. A community official completed Sect or Zone AO.	ion E for a building locate	d in Zone A (without a FEM	A-issued or community-issued BFE)			
G3. The following information (Items G4-	-G10) is provided for com	munity floodplain managem	ent purposes.			
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction  S	Substantial Improvement				
G8. Elevation of as-built lowest floor (including of the building:	g basement)	feet	meters Datum			
G9. BFE or (in Zone AO) depth of flooding at t	the building site:	feet	meters Datum			
G10. Community's design flood elevation:		feet	meters Datum			
Local Official's Name	7	Title				
Community Name	1	Геlephone				
Signature		Date				
Comments (including type of equipment and loc	cation, per C2(e), if applica	able)				
			91			
/						
			Check here if attachments.			

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.  Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  904 WOOD STREET		FOR INSURANCE COMPANY USE	
		r P.O. Route and Box No.	Policy Number:
	State	ZIP Code	Company NAIC Number
	Mississippi	39576	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption LEFT SIDE VIEW 12/12/2016



Photo Two

Photo Two Caption RIGHT SIDE VIEW 12/12/2016

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

			Expiration bate. November 00, 2010
IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE Policy Number:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 904 WOOD STREET			
City	State	ZIP Code	Company NAIC Number
WAVELAND	Mississippi	39576	n sept 5000

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One

Photo One Caption FRONT VIEW 12/12/2016



Photo Two

Photo Two Caption REAR VIEW 12/12/2016

2017 574
Recorded in the Above
Deed Book & Page
01-19-2017 03:26:35 PM
Timothy A Kellar
Hancock County



# NONCONVERSION AGREEMENT with CITY OF WAVELAND, MISSISSIPPI

This DE	CLARATION made this 17 day of January , 20 17 , by WINSEL R. LOYD
	(OWNER) having an address at <u>904 WOOD STREET, WAVELAND, MS 39576</u>
WITNES	EAS, the Owner is the record owner of all that real property located at
In the C	ity of Waveland, MS, in the County of Hancock, designated in the Tax Records as162K-0-10-201.000
WHERE	AS, the Owner has applied for a permit to place a structure on that property that has an enclosed area below the bas
flood ele	evation constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of Waveland
Floodpl	ain Management Ordinance of Number 342 and under Permit Number18352
conditio	EAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, ns and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and ons of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners, igns.
HPON .	THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:
1.	The structure or part thereof to which these conditions apply is:
2.	At this site, the Base Flood Elevation is feet above mean sea level, National Geodetic Vertical Datum.
3.	Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.
4.	The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.
5.	The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.
6.	A duly appointed representative of the City is authorized to enter the property for the purpose of inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit.
7.	Other conditions:
	In witness whereof the undersigned set their hands and seals this 40 day of 40 day. 20 1.  Witness whereof the undersigned set their hands and seals this 40 day of 40 day of 40 day. 20 1.  (Seal) CAROLYN S. CAROLYN SOME (Seal)  Owner Witness

1/19/2017 REAL PROPERTY APPRAISAL MASTER FILE INQUIRY 15:18:53	
State ID: 162K-0-10-201.000 ACCOUNT # 2575 YEAR APPRAISED:	
ACREAGE TAX MTG REC JUD EXM	PT
MAP PARCEL SCT QTR TWN RNG DEEDED CALCULATED DIST CODE LOC DST COD	DE
00 00 0014500	
Taxable: BEAT: 2 CITY: 2 SCHOOL: 1 SPECIAL: 0	
OWNER CODE: Status:	
OWNER NAME: SAWYER JACK M. WINGEL V. LOVOL	
IN CARE OF: LAST UPDATED Date: 4/27/200	9
MAILING ADDR: 1414 CHARTRES ST BY: GWALTMAN	
CITY/STATE/ZIP: NEW ORLEANS LA 70116	
PROPERTY STR ADDR: No. Name:	
Contact: Town:	
Concacc:	
	**
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